

www.mass.gov/abcc

LICENSE NUMBER: 082600001	CITY OR TOWN NORTH ANDOVER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: BERTUCCI'S RESTAURANT CORD DOING BUSINESS A BERTUCCI'S BRICK OVEN RISTO	
ADDRESS 435 ANDOVER	
CITY/TOWN: NORTH ANDOVER STATE: MA	ZIP CODE: 01845
MANAGER: DURANT, CATHY- TYPE OF LICENSE: R JO	destaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR DESCRIPTION OF LICENSED PREMISES:	
TWO MAIN DINING ROOMS ON ONE LEVEL. KITCHI ONE ENTRANCE AND ONE EXIT ON MAIN LEVEL. B WITH AN EXIT.	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	ne same premises now licensed;
2. the licensee has complied with all laws of the Cor	_
3. the premises are now open for business (If not exp	plain below)
SIGNED BY Individual, Partner or Authorized Cor	porate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in possession (1) of Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in of 2010.	ad of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:



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LICENSE NUMBER:	082600003		CITY OR TO	WN NORTH A	NDOVER
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: 9 DOING BUSINESS A		CS OF BOSTON, LI	.C		
ADDRESS 267 CHICA	KERING ROAD				
CITY/TOWN: NORT	H ANDOVER	STATE: MA	ZIP CODI	E: 01845	
MANAGER: CAFFE LEON		PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LI THREE ENTRANCES ROOM AND OFFICE	, FIVE EXITS, 1S	T. FLOOR ONLY V	WITH KITCHE	N, LOUNGE, DII	NING
2. the licensee 3. the premise SIGNED BY	has complied with s are now open for	the same type for the all laws of the Combusiness (If not exposer or Authorized Corp	monwealth relat lain below)		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICATE $f T$ Individual Social S	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	y the building in	spector and the hea	d of the fire de	partment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUI	MBER: 082600004		CITY OR TOWN	NORTH A	NDOVER
APPLICATIO	N FOR RENEWAL:	Annual LICENSED FOR)13
		CLASS			YEAR
LICENSEE NA DOING BUSII	AME: NORTH ANDOVER NESS A	COUNTRY CLU	TB CORP.		
ADDRESS 500	O GREAT POND RD.				
CITY/TOWN:	NORTH ANDOVER	STATE: MA	ZIP CODE:	01845	
MANAGER:	SIMMONS, JAMES TYPE	OF LICENSE: CI	ub C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBS N OF LICENSED PREMISE		EMAIL ADDRESS		
EXTERIOR D STORAGE). S BASEMENT S		LL ROOM,LIBRA LTI-FUNCTION	ARY,CARD RM. KI	TCHEN (SO	ME
	and swear under penalties o	1 0 0			
	renewed license will be of th	• •	•		
	licensee has complied with a premises are now open for but		_	to taxes; and	
	premises are now open for or	isiness (if not exp	tanii below)		
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT In	dividual Social So	ecurity Number)
Acts of 2004,	rsigned, attest that we are in signed by the building insp e and (2) the certificate of li	ector and the hea	d of the fire depart	ment for the	above
Please Check Belo	DW:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disapproved	· Capium)				
DATE:					



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LICENSE NUMBER: 082600005		CITY OR TOWN NORT	H ANDOVER
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: NORTH ANDO	OVER REST., INC.		
ADDRESS 39 MAIN ST.			
CITY/TOWN: NORTH ANDOVER	STATE: MA	ZIP CODE: 01845	
	ΓΥΡΕ OF LICENSE: Resi		RY: All Alcohol
EMAIL ADDRESS:			
ONE FLOOR, FOUR ROOMS, KITCONE FRONT ENTRANCE AND EXTENTION OF LICENSED PREDONE FRONT ENTRANCE AND EXTENT ONE FRONT ENTRANCE AND EXTENT OF THE PROPOSED OF T	HEN, LOUNGE/DINING IT; TWO REAR EXITS. ties of perjury that: of the same type for the swith all laws of the Comm	S ROOM. CELLAR FOR S' same premises now licensed tonwealth relating to taxes; a in below)	;
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIF	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU By:	THORITY
DATE:			



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LICENSE NUMBER	: 082600007		CITY OF	RTOWN	NORTH A	NDOVER
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	THE RESTAURA	ANT GROUP, INC.				
DOING BUSINESS	A JOE FISH					
ADDRESS 1120 OS	GOOD ST.					
CITY/TOWN: NOR	TH ANDOVER	STATE: M	A ZIP C	CODE:	01845	
MANAGER: DIET	Z, JAMES T	YPE OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		WEBSITE AND ENTER YOU	R EMAIL ADDRESS	5		
DESCRIPTION OF I						
FIVE ENTRANCES; BAR AND KITCHE						OOMS,
I hereby certify and s	wear under penalti	es of perjury that:				
1. the renewe	ed license will be o	of the same type for	the same pren	nises now	licensed;	
2. the license	e has complied wi	th all laws of the Co	ommonwealth	relating to	taxes; and	
3. the premis	ses are now open for	or business (If not ex	xplain below)			
SIGNED BY	Individual Dartn	er or Authorized Co	rnorata Office	ar.		
	marviduai, r artir	er of Authorized Co	rporate Office	71		
DATE:	TEL EDITO			EMDI OVED	IDENTIFICAT	ION NUMBER:
DITE.	TELEPHO	NE NUMBER:				ecurity Number)
We the undersigned Acts of 2004, signed						
named license and (of 2010.						
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:	2202110	21,0110111	
DISAPPROVED:						
(If disapproved expla	in)					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING TH	E MONTH OF NO	VEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	082600008		C	ITY OR IC	JWN	NORTHA	NDOVER
APPLICATION FOR I	RENEWAL:	Annual		L	ICEN	SED FOR 2	013
		CLASS	S				YEAR
LICENSEE NAME:	LOFT STEAK & CH	OP HOUSE I	LLC				
DOING BUSINESS A	THE LOFT RESTA	URANT					
ADDRESS 1140 OSG	OOD ST.						
CITY/TOWN: NORT	TH ANDOVER	STATE:	MA	ZIP COD	E:	01845	
MANAGER: DIETZ	Z, JAMES TYPE	OF LICENSI	E:Restau	ırant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YO	OUR EMAII	ADDRESS			_
DESCRIPTION OF LI	CENSED PREMISE	S:					
FREE STANDING RE ON FIRST FLOOR W							
I hereby certify and sw			L DIMII	NO KOOM	AND	TWOSTAL	RCASES.
•	l license will be of the		or the sai	ne premise	s now	licensed:	
	has complied with al	• •		•			
	s are now open for bu				U	,	
SIGNED BY							
	Individual, Partner or	Authorized (Corporat	e Officer			
DATE:	TELEPHONE	NUMBER:					ΓΙΟΝ NUMBER:
				(Note: Note:	OT Inc	lividual Social S	Security Number)
We the undersigned, Acts of 2004, signed l	by the building inspe	ector and the	head of	the fire d	epartı	ment for the	above
named license and (2) of 2010.) the certificate of lie	quor liability	insurai	ice require	ed by	Chapter 116	of the Acts
Please Check Below:]	LOCAL LI	CENS	SING AUTH	ORITY
APPROVED:	_]	Ву:			
DISAPPROVED:							
(If disapproved explain	1)						
DATE:							
 ,							



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LICENSE NUM	MBER: 082600010		CITY OR TOWN	NORTH ANDOVER	₹
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: CLUB #2104 INC.				
DOING BUSIN	NESS A				
ADDRESS PA	RK ST.				
CITY/TOWN:	NORTH ANDOVER	STATE: MA	ZIP CODE:	01845	
MANAGER:	LYNCH, JOSEPH J. TYPE	OF LICENSE: Vet	erans club CA	ATEGORY: All Alco	ohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBS	TE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMISES	S:			
	AND SIDE EXITS. BASEN CTION ROOM, RESTROOM			ROOMS. MAIN	
I hereby certify	and swear under penalties of	perjury that:			
1. the 1	renewed license will be of the	same type for the	same premises now	licensed;	
2. the l	licensee has complied with al	l laws of the Comn	nonwealth relating to	taxes; and	
3. the 1	premises are now open for bu	siness (If not expla	in below)		
SIGNED BY	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYER	IDENTIFICATION NUM	BER:
			(Note: NOT Ind	ividual Social Security Nur	nber)
Acts of 2004, s	signed, attest that we are in signed by the building inspe and (2) the certificate of lic	ctor and the head	e certificate require l of the fire departi	ed by Chapter 304 of ment for the above	the
Acts of 2004, s	signed by the building inspe e and (2) the certificate of lice	ctor and the head	e certificate require l of the fire departi rance required by	ed by Chapter 304 of ment for the above	the
Acts of 2004, s named license of 2010. Please Check Belo APPROVED:	signed by the building inspectand (2) the certificate of lice	ctor and the head	e certificate require l of the fire departi rance required by	ed by Chapter 304 of nent for the above Chapter 116 of the A	the
Acts of 2004, s named license of 2010. Please Check Belo APPROVED: DISAPPROVE	signed by the building inspectant (2) the certificate of lice bw: ED:	ctor and the head	e certificate require l of the fire departi rance required by LOCAL LICENS	ed by Chapter 304 of nent for the above Chapter 116 of the A	the
Acts of 2004, s named license of 2010. Please Check Belo APPROVED:	signed by the building inspectant (2) the certificate of lice bw: ED:	ctor and the head	e certificate require l of the fire departi rance required by LOCAL LICENS	ed by Chapter 304 of nent for the above Chapter 116 of the A	the
Acts of 2004, s named license of 2010. Please Check Belo APPROVED: DISAPPROVE	signed by the building inspectant (2) the certificate of lice bw: ED:	ctor and the head	e certificate require l of the fire departi rance required by LOCAL LICENS	ed by Chapter 304 of nent for the above Chapter 116 of the A	the
Acts of 2004, s named license of 2010. Please Check Belo APPROVED: DISAPPROVE	signed by the building inspectant (2) the certificate of lice bw: ED:	ctor and the head	e certificate require l of the fire departi rance required by LOCAL LICENS	ed by Chapter 304 of nent for the above Chapter 116 of the A	the



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LICENSE NUMBER: 082600011		CITY OR TOWN NORTH ANDOVER	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: CAMELOT BUIL DOING BUSINESS A CAMELOT ADDRESS	DING ASSOCIATION	N, INC	
CITY/TOWN: NORTH ANDOVER	STATE: MA	ZIP CODE: 01845	
	PE OF LICENSE: Resi		ol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMI 1 1/2 STORY BUILDING, ONE FRONT FUNCTION ROOMS, KITCHEN AND CHAIN/ROPED OFF TO BE USED ON	, ONE SIDE AND ON BAR, THREE RESTR	NE REAR EXIT AND ENTRANCE.	
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	the same type for the s	nonwealth relating to taxes; and	
SIGNED BY Individual, Partner	r or Authorized Corpor	rate Officer	
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Numb	
Acts of 2004, signed by the building in	spector and the head	certificate required by Chapter 304 of the of the fire department for the above cance required by Chapter 116 of the Act	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	
DATE:			



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LICENSE NUMBER: 082600012		CITY OR TOWN	NORTH ANDOVER	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: CHINA BLOSSOM, I	INC.			
DOING BUSINESS A				
ADDRESS 946 OSGOOD STREET				
CITY/TOWN: NORTH ANDOVER	STATE: MA	ZIP CODE:	01845	
MANAGER: CHU, SAN JOE TYPE	OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES	3:			
TWO STORY BUILDING; FIRST FLOOR; KITCHEN. SECOND FLOOR; TWO BED ENTRANCES, TWO BACK EXITS.				
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the	same premises now	licensed;	
2. the licensee has complied with all		_	taxes; and	
3. the premises are now open for bu	siness (If not expla	ain below)		
SIGNED BY	. A	oneta Offican		
Individual, Partner or	Authorized Corpc	orate Officer		
]
DATE: TELEPHONE				J
TELEPHONE I	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
		(****** <u>******</u> Ind.	Tradar Boolar Becarry Trainiocry	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the head	l of the fire departn	nent for the above	
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 082600016		CITY OR TO	WN NORTH A	NDOVEK
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20)13
		CLASS			YEAR
	K.C.R. CORPORAT A RICHDALE DAIR CKERING RD				
CITY/TOWN: NOI		STATE: MA	ZIP CODI	E: 01845	
MANAGER: SHA	RPE, KEVIN A.TYPE	E OF LICENSE:Pac	kage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB LICENSED PREMISE RAGE, SALES, ONE F	ES:			
 the renew the licens 	wear under penalties of yed license will be of the ee has complied with a ses are now open for b	le same type for the ill laws of the Commusiness (If not expla	nonwealth relat		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT $f T$ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LIC	ENSING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	82600017		CITY OR TOWN	NORTH A	NDOVER
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: N DOING BUSINESS A ADDRESS 531 CHICK		LIQUORS & WIN	IES,INC.		
CITY/TOWN: NORT	H ANDOVER	STATE: M	A ZIP CODE:	01845	
MANAGER: BUCO,	ANDREW TY	PE OF LICENSE:	Package Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIC ONE FLOOR; TWO RO ADDITIONAL STORA	CENSED PREM			AR FOR	
2. the licensee 3. the premises SIGNED BY	license will be of has complied with are now open fo	f the same type for th all laws of the Co r business (If not e			
Ι	ndividual, Partne	er or Authorized Co	orporate Officer		
DATE:	TELEPHO!	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 082600019		CITY OR TOWN	NORTH AND	OVER
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 2013	
		CLASS		YE.	AR
LICENSEE NAME	E: TUTTO BENE LLC				
DOING BUSINES	S A WINE CONNEXT	ION			
ADDRESS 117 M	AIN ST				
CITY/TOWN: NO	ORTH ANDOVER	STATE: MA	ZIP CODE:	01845	
	ESSINA, TYPE LVATORE	E OF LICENSE:Pa	ckage Store CA	ATEGORY: Al	l Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION O	F LICENSED PREMISE	ES:			
4000 SQ FT SELL ENTRANCES/EX	ING 800 SQ FT STORA ITS	AGEONE FRON	T ENTRANCE/EXI	ΓTWO REAR	
3. the pren	nises are now open for b Individual, Partner o				
	•	·			
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION ividual Social Securi	
Please Check Below: APPROVED:	٦		LOCAL LICENS	ING AUTHORI	TY
DISAPPROVED:			By:		
(If disapproved exp	plain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	082600023		CITY OR TO	WN NORTH A	INDUVER
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 54 PETER		ART,INC.			
CITY/TOWN: NORT		STATE: MA	A ZIP CODE	E: 01845	
MANAGER: BURL WILLI	ISS, TYPE	OF LICENSE:1		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LI					
ONE STORY BLDG, ONE FOR SALES, ON		ANCE AND EX	IT. ONE REAR E	EXIT, TWO ROO	OMS,
2. the licensee	I license will be of the has complied with a sare now open for b	ll laws of the Co	mmonwealth relati		
SIGNED BY	Individual, Partner o	r Authorized Co	rporate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICA Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 082600024	CITY OR TOWN NORTH ANDOVER
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLASS	S YEAR
LICENSEE NAME: 64 MAIN ST LIQUORS,INC.	
DOING BUSINESS A	
ADDRESS 64 MAIN STREET	
CITY/TOWN: NORTH ANDOVER STATE:	MA ZIP CODE: 01845
MANAGER: MELILLO, TYPE OF LICENS JOANNE A	E: Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY. ONE ROOM FOR SALES, CELLAR FOR REAR EXIT AND ENTRANCE.	OR STORAGE. ONE FRONT AND ONE
the renewed license will be of the same type for the licensee has complied with all laws of the the premises are now open for business (If not SIGNED BY	Commonwealth relating to taxes; and
Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	82600025		CITY OR TOWN NOR	I H ANDOVEK
APPLICATION FOR R	ENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
EMAIL ADDRESS:	OOD STREET H ANDOVER EN, EVON T ASE ALSO VISIT OUT	STATE: MA TYPE OF LICENSE: Pa R WEBSITE AND ENTER YOUR F MISES:	ZIP CODE: 0184 ckage Store CATEGO EMAIL ADDRESS	DRY: All Alcohol
I hereby certify and swe			21,11111,102	
2. the licensee 3. the premises SIGNED BY	has complied ware now open	* *		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENT (Note: NOT Individual S	IFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LICENSING A By:	UTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	082600026		CITY OR TOV	WN NORTH A	INDUVER
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	YONG CHEN LLC				
DOING BUSINESS A	A SHUNJU CHINE	SE & JAPANESE C	CUISINE		
ADDRESS 733 TUR	NPIKE STREET				
CITY/TOWN: NOR	TH ANDOVER	STATE: MA	ZIP CODE	01845	
MANAGER: CHEN	I, YONG YAN TYP	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:			
AT JASMINE PLAZA SMALL BAR, DININ		ONE MAIN ENTE			
I hereby certify and sv			ONOL NOT TO	DE INCREASI	ED.
• •	-	the same type for the	e same premises i	now licensed:	
		all laws of the Com	•		
	•	business (If not expl		,	
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:		YER IDENTIFICA	
			(Note: NO)		Security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building ins	pector and the hea	d of the fire dep	artment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved explai	n)				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 082600029		CITY OR TOWN	NORTH ANDOVER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: BOLLYWOOD, INC NESS A BOLLYWOOD GRI	LL		
ADDRESS 350) WINTHROP AVE			
CITY/TOWN:	NORTH ANDOVER	STATE: MA	ZIP CODE:	01845
MANAGER:	GILL, MALKIAT TYPE (SINGH	OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMISES	:		
AQ. FT. WITH	OVER MALL, LOCATED IN I OPEN KITCHEN AND STO G ROOM AND KITCHEN LO	RAGE ROOM L	OCATED U PSTAI	
I hereby certify	and swear under penalties of	perjury that:		
1. the 1	renewed license will be of the	same type for the	same premises now	licensed;
2. the 1	licensee has complied with all	laws of the Com	nonwealth relating to	taxes; and
3. the 1	premises are now open for bus	iness (If not expl	ain below)	
SIGNED BY	Individual, Partner or A	Authorized Corpo	orate Officer	
DATE:	TELEPHONE N	UMBER:		LIDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004,	signed, attest that we are in p signed by the building inspec e and (2) the certificate of liqu	tor and the hea	d of the fire departi	nent for the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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LICENSE NUMBER: 0	82600034		CITY OR TOWN	NORTH A	NDOVER
APPLICATION FOR R	ENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: T DOING BUSINESS A	FUDDRUCKERS	OUP II, LLC.			
ADDRESS 550 TURNI		OTATE. MA	ZID CODE.	01045	
CITY/TOWN: NORTI		STATE: MA	ZIP CODE:	01845	
MANAGER: BOLAN L.	ID, JAMES TYPE	E OF LICENSE: Res	staurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		SSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LIC ONE STORY, DINING ENTRANCE			TWO FRONT AN	D ONE REAF	₹
3. the premises SIGNED BY	are now open for b	all laws of the Communication	nin below)	to taxes; and	
DATE:	TELEPHONE	NUMBER:			TION NUMBER: decurity Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	ector and the head	l of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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LICENSE NUN	MBER: 082600035		CITY OR TOW	N NORTH A	NDOVEK
APPLICATION	N FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA	AME: AGLIO, INC				
DOING BUSIN	NESS A ORZO CAI	FE TRATTORIA			
ADDRESS 010	777B OSGOOD ST				
CITY/TOWN:	NORTH ANDOVE	ER STATE: M	ZIP CODE:	01845	
MANAGER:	REPPUCCI, MICHAEL A.	TYPE OF LICENSE	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PI	REMISES:			
	RY BRICK STRUCT ICE AND TWO EX	TURE WITH DINING . ITS	AREA. BAR, RESTI	ROOMS, KITC	HEN.
2. the l	licensee has complie premises are now op Individual, F	be of the same type for d with all laws of the Coren for business (If not example) Partner or Authorized Coren for Surface (In the Coren for Surface	ommonwealth relating explain below) orporate Officer		TION NIIMBER
DATE.	TELEI	PHONE NUMBER:		Individual Social S	
Acts of 2004, s	signed by the build and (2) the certific	we are in possession (1) ing inspector and the l cate of liquor liability i	nead of the fire department of the fire depar	artment for the	e above 6 of the Acts
DISAPPROVE (If disapproved			By: 		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 082600036		CITY OR TOWN	NORTH A	NDOVER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	ME: TUSCAN MARKE	T, INC			
DOING BUSIN	NESS A THE VINEYARD)			
ADDRESS 554	TURNPIKE ST				
CITY/TOWN:	NORTH ANDOVER	STATE: MA	ZIP CODE:	01845	
	DWYER, TYP WILLIAM M.	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		ı
DESCRIPTION	N OF LICENSED PREMIS	ES:			
ENTRANCES .	SALES RECEIVING STOF AND ONE EXITTWO I FROM FOOD AREA BY (REAR EXITS, ALC	OHOL BEVERAGE		
I hereby certify	and swear under penalties	of perjury that:			
1. the r	renewed license will be of t	he same type for the	same premises now	licensed;	
2. the l	icensee has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the p	premises are now open for l	business (If not expl	ain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Belov	w:		LOCAL LICENS	INC AUTHO	DITV
APPROVED:			By:	INO AUTIK	JKII I
DISAPPROVE	D:		By.		
(If disapproved	explain)				
DATE:					



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LICENSE NUM	MBER: 082600038		CITY OR TOWN	NORTH ANDOVER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: TJR LINE, INC. NESS A CULPEPPERS PU	UB & GRILLE		
ADDRESS 815	TURNPIKE STREET			
CITY/TOWN:	NORTH ANDOVER	STATE: MA	ZIP CODE:	01845
MANAGER:	TRINGALE, TYP JAMES A.	PE OF LICENSE: Re	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WE N OF LICENSED PREMIS N THE SECOND FLOOR	SES:		ADLEX KITCHEN
AREA, DININ	G AREA AND A BAR AR SERVICE ENTRANCE A	EA. ENTRANCE	AT SOUTHERN ENI	
I hereby certify	and swear under penalties	of perjury that:		
	renewed license will be of t		=	
	licensee has complied with		_	o taxes; and
3. the	premises are now open for	business (If not exp	lain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:		LIDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004,	signed, attest that we are signed by the building ins e and (2) the certificate of	pector and the hea	d of the fire departi	nent for the above
Please Check Belo			LOCAL LICENS	ING AUTHORITY
APPROVED:			LOCAL LICENS By:	ING AUTHORITY
APPROVED: DISAPPROVE	ED:			ING AUTHORITY
APPROVED:	ED:			ING AUTHORITY
APPROVED: DISAPPROVE	ED:			ING AUTHORITY



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			0.	ITY OR TOWN	1,0111111	
APPLICATION FOI	R RENEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLA	SS			YEAR
LICENSEE NAME:	EDGEWOOD RET	REMENT C	OMMUN	ITY		
DOING BUSINESS	A					
ADDRESS 575 OSC	GOOD ST					
CITY/TOWN: NOI	RTH ANDOVER	STATE:	MA	ZIP CODE:	01845	
MANAGER: ROT MAR	ERING, TYPI RLENE GRACE	E OF LICEN	SE:Club	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:				
BAR/LOUNGE ARI	EA, DINING ROOM-	bistro dining	room first	floor		
I hereby certify and s	swear under penalties	of perjury tha	it:			
	ved license will be of the	• •		-		
	see has complied with a			_	o taxes; and	
3. the premi	ses are now open for b	ousiness (If no	ot explain	below)		
SIGNED BY	Individual, Partner of	or Authorized	l Corporat	e Officer		
SIGNED BY	Individual, Partner of	or Authorized	l Corporat	e Officer		
SIGNED BY DATE:			l Corporat		R IDENTIFICAT	ION NUMBER:
	Individual, Partner of TELEPHONE		l Corporat	EMPLOYER		TION NUMBER: ecurity Number)
DATE: We the undersigned Acts of 2004, signed		E NUMBER: in possession pector and the	(1) the cone head of	EMPLOYEI (Note: <u>NOT</u> Inc ertificate requir the fire depart	lividual Social S ed by Chapte ment for the	er 304 of the above
DATE: We the undersigne Acts of 2004, signed named license and of 2010. Please Check Below:	TELEPHONE d, attest that we are i d by the building insp	E NUMBER: in possession pector and the	(1) the co ne head of ty insurar	EMPLOYEI (Note: <u>NOT</u> Inc ertificate requir the fire depart	dividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED:	TELEPHONE d, attest that we are i d by the building insp	E NUMBER: in possession pector and the	(1) the cone head of ty insurar	EMPLOYER (Note: <u>NOT</u> Indectificate required the fire departs are required by	dividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE d, attest that we are i d by the building insp (2) the certificate of l	E NUMBER: in possession pector and the	(1) the cone head of ty insurar	EMPLOYER (Note: NOT Inc. ertificate required the fire departed by LOCAL LICENS	dividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED:	TELEPHONE d, attest that we are i d by the building insp (2) the certificate of l	E NUMBER: in possession pector and the	(1) the cone head of ty insurar	EMPLOYER (Note: NOT Inc. ertificate required the fire departed by LOCAL LICENS	dividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE d, attest that we are i d by the building insp (2) the certificate of l	E NUMBER: in possession pector and the	(1) the cone head of ty insurar	EMPLOYER (Note: NOT Inc. ertificate required the fire departed by LOCAL LICENS	dividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE d, attest that we are i d by the building insp (2) the certificate of l	E NUMBER: in possession pector and the	(1) the cone head of ty insurar	EMPLOYER (Note: NOT Inc. ertificate required the fire departed by LOCAL LICENS	dividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 082600040		CITY OR TOWN	NORTH AND	OOVER
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YE	EAR
LICENSEE NAM	E: VIRGINIA, INC				
DOING BUSINES	SS A J&M				
ADDRESS 701 SA	ALEM STREET				
CITY/TOWN: N	ORTH ANDOVER	STATE: MA	ZIP CODE:	01845	
	ENAKIS, TYP.	E OF LICENSE: Pac	ckage Store CA	ATEGORY: A	all Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION O	F LICENSED PREMIS	ES:			
CONVENIENCE DOOR IN REAR	STORE WITH APPRO	X 1300 SQ FT. EN	ΓRANCE AND EXI	Γ, DELIVERY	
3. the pres	mises are now open for b				
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHOR	ITY
DISAPPROVED:			By:		
(If disapproved ex	plain)				
DATE:					



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	CITY OR TOWN	NORTH ANDOVER
Annual	LICENS	SED FOR 2013
CLASS		YEAR
OVER MEXICAN REST	AURANT INC.	
CA		
STATE: MA	ZIP CODE:	01845
TYPE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
R WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
		FACILITY, BAR,
ties of perjury that:		
of the same type for the	same premises now	licensed;
vith all laws of the Comm	nonwealth relating to	taxes; and
for business (If not expla	in below)	
ner or Authorized Corpo	rate Officer	
ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
	(Note: NOT mg	ividual Social Security Number)
inspector and the head	of the fire departn	nent for the above
	LOCAL LICENS	ING AUTHORITY
	By:	
	CLASS OVER MEXICAN REST CA STATE: MA TYPE OF LICENSE: Res R WEBSITE AND ENTER YOUR EN MISES: AGE. ONE ENTRANC COND FLOOR OFFICE ties of perjury that: of the same type for the with all laws of the Comn for business (If not expla ner or Authorized Corpo ONE NUMBER: are in possession (1) the inspector and the head	Annual LICENS CLASS OVER MEXICAN RESTAURANT INC. CA STATE: MA ZIP CODE: TYPE OF LICENSE: Restaurant CA R WEBSITE AND ENTER YOUR EMAIL ADDRESS MISES: AGE. ONE ENTRANCE/EXIT, KITCHEN COND FLOOR OFFICE W/ BATHROOM. ties of perjury that: of the same type for the same premises now with all laws of the Commonwealth relating to for business (If not explain below) mer or Authorized Corporate Officer ONE NUMBER: EMPLOYER (Note: NOT Indicate in possession (1) the certificate required inspector and the head of the fire department of liquor liability insurance required by the Commonwealth relating to the certificate required inspector and the head of the fire department of liquor liability insurance required by the control of liquor l



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 082600046		CITY OR TOWN	NORTH A	NDOVER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: TRIPLETS, INC. DOING BUSINESS A JIMMY'S FAMOU	US PIZZA			
ADDRESS 1591 OSGOOD STREET				
CITY/TOWN: NORTH ANDOVER	STATE: MA	ZIP CODE:	01845	
MANAGER: PAPANTONAKIS, TYP NICHOLAS	E OF LICENSE: Res	taurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMIS	ES:			
ONE DINING ROOM ON FIRST FLOO AND EXITS IN THE FRONT AND ONE STORAGE IN BASEMENT				RANCES
1. the renewed license will be of t 2. the licensee has complied with 3. the premises are now open for the licensee.	he same type for the all laws of the Comm	nonwealth relating to		
SIGNED BY Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire departs	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 082600047		CITY OR TOWN	NORTH A	NDOVER
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAM	E: SEHTU, INC.				
DOING BUSINES	SS A RICHDALE	CONVENIENCE STO	ORE		
ADDRESS 4 MA	IN STREET				
CITY/TOWN: N	ORTH ANDOVER	STATE: M	A ZIP CODE:	01845	
	LAM, OHAMMED J.	TYPE OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		-
DESCRIPTION C	OF LICENSED PRE	EMISES:			
SINGLE STORY EMERGENCY D		TH DOUBLE FRONT	DOOR FOR PUBLIC	USE AND A	A STEEL
	mises are now oper	n for business (If not ex			
DATE:	TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below:	\neg		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved ex					
DATE:					



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LICENSE NUMBER:	: 082600048		CITY OR TOWN	NORTH A	NDOVER
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BURTONS GRILL OF	F NORTH AND	OVER, LLC		
DOING BUSINESS A	A BURTONS GRILL				
ADDRESS 145 TUR	NPIKE STREET				
CITY/TOWN: NOR	TH ANDOVER	STATE: MA	ZIP CODE:	01845	
MANAGER: TYNA MICH	AN, TYPE (OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR I	EMAIL ADDRESS		_
	ICENSED PREMISES				
	Γ, SINGLE FLOOR, DI E AND OUTSIDE PAT				ÆA,
I hereby certify and sv	wear under penalties of	perjury that:			
1. the renewe	ed license will be of the	same type for the	e same premises nov	v licensed;	
2. the license	e has complied with all	laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for bus	iness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE					
DATE:	TELEPHONE N	IUMBER:			FION NUMBER: Security Number)
			(1101c. <u>1101</u> III	dividual Social S	security (varioer)
Acts of 2004, signed	, attest that we are in j by the building inspec 2) the certificate of liq	ctor and the hea	d of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	11)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0826	00053		CITY OR TOWN	NORTH A	NDOVER
APPLICATION FOR REN	EWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: Yento	e, LLC				
DOING BUSINESS A					
ADDRESS 1503 OSGOOI	O STREET				
CITY/TOWN: NORTH A	NDOVER ST	ATE: MA	ZIP CODE:	01845	
MANAGER: Adley, Trac	y TYPE OF	LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE A	ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	IAIL ADDRESS		•
DESCRIPTION OF LICEN	SED PREMISES:				
3,941 SQ. FT. BUILDING LOCATED IN THE FRON					
2. the licensee has	nse will be of the san complied with all law now open for busine	s of the Comm	nonwealth relating to		
	ridual, Partner or Aut	horized Corpo	rate Officer		
DATE:	TELEPHONE NUM	⁄IBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 082600054		CITY OR TOWN	NORTH A	NDOVER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: WINE & BEER	AT THE ANDOVERS,	LLC		
DOING BUSINESS A LIQUOR, WIN	IE, & BEER AT THE A	NDOVERS		
ADDRESS 350 WINTHROP AVENU	Е			
CITY/TOWN: NORTH ANDOVER	STATE: MA	ZIP CODE:	01845	
MANAGER: BUCO, BILL T	YPE OF LICENSE: Pac	kage Store CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM 4500 SQUARE FOOT SPACE, FROM I hereby certify and swear under penalt. 1. the renewed license will be a 2. the licensee has complied w 3. the premises are now open f	T & REAR DOOR EXITION ies of perjury that: of the same type for the ith all laws of the Comm	same premises now honwealth relating to	licensed;	
SIGNED BY Individual, Partr	ner or Authorized Corpo	rate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHO	ORITY
DATE:				



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LICENSE NUMBER	C: 082600055		CITY OR TOV	VN NORTH A	NDOVEK
APPLICATION FOI	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TOWN OF NORTH	(ANDOVER			
DOING BUSINESS	A THE STEVENS E	STATE AT OSGO	OD HILL		
ADDRESS 723 OSC	GOOD STREET				
CITY/TOWN: NOI	RTH ANDOVER	STATE: MA	ZIP CODE	: 01845	
MANAGER: FLA	NNERY, ERIN TYPI		eneral on emise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI	3SITE AND ENTER YOUR E	MAIL ADDRESS		_
	LICENSED PREMIS				
	SION, PERIOD ROOM CHEN,ADDITION A		RGE ADDITION	N-ENTRANCES	-
	swear under penalties (
1. the renew	ved license will be of the	he same type for the	same premises i	now licensed;	
	ee has complied with a	* *	-		
	ses are now open for b				
SIGNED BY					
SIGNED DT	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLC	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	☐ Individual Social S	Security Number)
Acts of 2004, signed	d, attest that we are i d by the building insp (2) the certificate of l	pector and the hea	d of the fire dep	artment for the	above
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
DATE:					
•					



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LICENSE NUMBER:	082600056		CITY OR TOWN	NORTH A	NDOVER
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 25 HIGH:	JAIME'S	URANT GROU	P, LLC		
CITY/TOWN: NORT		STATE: MA	ZIP CODE:	01845	
MANAGER: FARIA		OF LICENSE: R		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		I
DESCRIPTION OF LI 3100 SF RESTAURAL DECK AREA WITH A CAPACITY FOR 42,	NT AND BAR WITH APPROX 1000 SF W	I INDOOR SEAT ITH AN ADDIT			OOR
I hereby certify and sw	ear under penalties of	f perjury that:			
2. the licensee	d license will be of the e has complied with all es are now open for bu	l laws of the Cor	nmonwealth relating		
SIGNED BY	Individual, Partner or	Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building inspe	ector and the he	ad of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICEN By:	SING AUTHO	DRITY
DATE:					



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LICENSE NUM	MBER: 082600057		CITY OR TOWN	NORTH AN	NDOVER
APPLICATION	N FOR RENEWAL:	Annual LICENSED FOR			13
		CLASS		,	YEAR
LICENSEE NA	AME: STACHEY'S II INC.				
DOING BUSIN	NESS A STACHEY'S PIZZA	A			
ADDRESS 9 H	HIGH ST				
CITY/TOWN:	NORTH ANDOVER	STATE: MA	ZIP CODE:	01845	
MANAGER:	HOLLAND, TYPE TERRENCE	OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PREMISE				
ETCFRONT	TAURANT WITH 2400 SQ. ENTRANCES ON HIGH S O COMMON AREA OF MI	TREETSIDE E	NTRANCES FOR S'	TAFF AND	
I hereby certify	and swear under penalties of	f perjury that:			
1. the 1	renewed license will be of the	e same type for the	e same premises now	licensed;	
2. the l	licensee has complied with al	l laws of the Com	monwealth relating to	taxes; and	
3. the ₁	premises are now open for bu	isiness (If not expl	ain below)		
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE	NII IMDED.	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TELETHONE	NOMBER.	(Note: NOT Ind		
Acts of 2004,	signed, attest that we are in signed by the building inspe- e and (2) the certificate of li	ector and the hea	d of the fire departr	nent for the	above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE	·				
(If disapproved	explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 082600058		CITY OR TOWN	NORTH A	NDUVEK
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	SHADI'S,INC A SHADI'S RESTAUF	RANT			
ADDRESS 585 CHI	CKERING RD				
CITY/TOWN: NOI	RTH ANDOVER	STATE: MA	ZIP CODE:	01845	
MANAGER: ASM	IAR,MICHEL TYPE	OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBSI LICENSED PREMISES		MAIL ADDRESS		
	L SPACE, ENTRANCE		FRONT, EAST AN	ND REAR.	
	swear under penalties of		,		
•	red license will be of the	1 5 5	same premises now	licensed;	
2. the licens	ee has complied with all	laws of the Comn	nonwealth relating t	o taxes; and	
3. the premi	ses are now open for bu	siness (If not expla	ain below)		
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER:
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of liq	ctor and the head	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	ain)				
(11 disappioved expir	am <i>)</i>				
DATE:					



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LICENSE NUMBER: 082600059		CITY OR TOWN NORTH ANDOVER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CHIPOTLE M DOING BUSINESS A CHIPOTLE N		DLORADO LLC
ADDRESS 93 TURNPIKE STREET		
CITY/TOWN: NORTH ANDOVER	STATE: MA	ZIP CODE: 01845
MANAGER: ANDINO,EDWARD	TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:	-	
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS
	E PREMISES, ONE IN T THE COOLER BEHINI	THE FRONT & ONE IN THE D THE CASH REGISTER AND IN THE Q FT ENCLOSED PATIO AREA USED
	e of the same type for the with all laws of the Comm	e same premises now licensed; monwealth relating to taxes; and ain below)
SIGNED BY Individual, Par	rtner or Authorized Corpo	orate Officer
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the head	de certificate required by Chapter 304 of the dof the fire department for the above trance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUMBER: 082600060		CITY OR TOWN NORTH ANDOVER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BUONO BISTE DOING BUSINESS A ADDRESS 220 SUTTON STREET		
CITY/TOWN: NORTH ANDOVER	STATE: MA	ZIP CODE: 01845
MANAGER: KENNEDY, TARA	ΓΥΡΕ OF LICENSE: Rest	caurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PRE 3575 SQ FTRESTAURANT, DINE ENTRANCE, 3 EXITS		HEN AND STORAGE AREAONE
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	of the same type for the s	same premises now licensed;
2. the licensee has complied v3. the premises are now open		onwealth relating to taxes; and in below)
SIGNED BY Individual, Part	ner or Authorized Corpor	rate Officer
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: Note: Not
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 082600061		CITY OR TOWN	NORTH A	NDOVER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	LA BOTTEGA LLC				
ADDRESS 1820 TU					
CITY/TOWN: NO		STATE: MA	ZIP CODE:	01845	

MANAGER: PAU	LINI, ANGELA TYPE	OF LICENSE: Pa	ckage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	S:			
THE PREMISES CO STREET,,,EXIT DID FRIDGE	ONSISTS OF 1664 SQ F RECTLY IN BACK OF	TFRONT EN BUILDINGPF	FRANCE @ 1820 TO REMISES TO CONT	URNPIKE `AIN WALK	IN
I hereby certify and s	swear under penalties of	perjury that:			
	ved license will be of the		e same premises now	licensed;	
2. the licens	ee has complied with all	laws of the Com	monwealth relating to	o taxes; and	
3. the premi	ses are now open for bu	siness (If not expl	lain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:			TION NUMBER:
			(Note: NOT Ind	lividual Social S	Security Number)
Please Check Below:			LOCAL LICENS	ING AUTU	∩DITV
APPROVED:			By:	omo Au i in	OKITI
DISAPPROVED:			29.		
(If disapproved explain	ain)				
D.A.TEE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 082600062		CITYOR	IOWN	NORTHA	NDUVER
APPLICATION FOR RENEWAL:		Annual		LICENSED FOR 2013		
		CLASS				YEAR
LICENSEE NA	AME: THE BOSTON DO	OUGH COMPANY				
DOING BUSIN	NESS A CHAMA GRILL					
ADDRESS 115	5 MAIN STREET					
CITY/TOWN:	NORTH ANDOVER	STATE: MA	ZIP CO	ODE:	01845	
MANAGER:	NAGHIBI, TYF SHAHRAM	PE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS			_
	N OF LICENSED PREMIS					
_	ESTAURANT AND BAR		EATING FO	R 146 G	UESTS	
, ,	and swear under penalties			•		
	renewed license will be of	• •	•			
	licensee has complied with premises are now open for			eraung t	o taxes; and	
	premises are now open for	ousiness (if not exp	iam ociow)			
SIGNED BY						
	Individual, Partner	or Authorized Corp	orate Office	r		
DATE: TELEPHONE NUMI		E NUMBER:	EMPLOYER IDENTIFICATION NUMBER			TION NUMBER:
			(Note: NOT Individual Social Security Number)			
Acts of 2004,	signed, attest that we are signed by the building inseand (2) the certificate of	spector and the hea	d of the fire	depart	ment for the	above
Please Check Below:			LOCAL LICENSING AUTHORITY			
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)					
DATE:						



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LICENSE NUMBEI	X: U82600063		CITY OR TOV	IN NORTH A	INDUVER	
APPLICATION FO	R RENEWAL:	Annual LICENSED FO			013	
		CLASS			YEAR	
LICENSEE NAME:	THYME SUSHI HIB	ACHI INC.				
DOING BUSINESS	A THYME RESTAUL	RANT				
ADDRESS 97 TUR	NPIKE STREET					
CITY/TOWN: NO	RTH ANDOVER	STATE: MA	ZIP CODE	: 01845		
MANAGER: LI, C	CUI LI TYPE	OF LICENSE: Res	taurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS		_	
DESCRIPTION OF	LICENSED PREMISE	S:				
	EA WITH THREE CH					
	ONG FOR EIGHT, PRI					
	CAPACITY OF 108A ACCESSIBILITYTH					
	TREAR SERVICE EN		CE FACES III	E PARKING LO	JI AND	
	swear under penalties of					
	ved license will be of the		same premises r	now licensed;		
	ee has complied with al	• •	-			
	ses are now open for bu			-8		
- · · · · · · · · · · · · · · · · · · ·		(T	,			
SIGNED BY	Individual, Partner or	· Authorized Corne	roto Officar			
	marviduai, Partiler of	Authorized Corpo	rate Officer			
DATE:			EL KDI O	VED IDENTIFICAT	EVOLUMEN (DED	
DATE.	TELEPHONE	NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social Security Number)			
We the undersigne	d, attest that we are in	nossession (1) the	e certificate rea	uired by Chant	ter 304 of the	
	d by the building inspe					
	(2) the certificate of lie	quor liability insu	rance required	by Chapter 110	6 of the Acts	
of 2010.						
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY	
APPROVED:			Ву:			
DISAPPROVED:			J .			
(If disapproved expl	ain)		-			
*						
DATE:						